24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	PAGE 1 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	
Working America Coalition	C C00620583
	C C00020383
Check if 24-hour report 48-hour report New report Amends	s report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Mosaic	08 29 2016
Mailing Address 4801 Viewpoint Place	Amount
City State Zip Code	225.00
Cheverly MD 20781	Transaction ID: D593774 Date of Disbursement or Obligation
Purpose of Expenditure Fliers Category/ Type	004
Name of Federal Candidate	ort Office Sought: House District:
Hillary Rodham Clinton Oppo	
Calendar Year-To-Date Per Election for Office Sought 61885.87	Disbursement For: Primary Seneral 2016 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Mosaic	08 31 2016
Mailing Address 4801 Viewpoint Place	
	Amount
City State Zip Code	240.00
Cheverly MD 20781	Transaction ID : D593768 Date of Disbursement or Obligation
Purpose of Expenditure Fliers Category/	004
Туре	33 01 2010
Name of Federal Candidate Supp	oort Office Sought: House District:
DONALD J TRUMP	ose
Calendar Year-To-Date Per Election for Office Sought 61885.87	Disbursement For: ☐ Primary X General 2016 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	▶ 465.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Crystal King [Electronically Filed]	Date 09 14 2016
Signature	